

MDR Tracking Number: M5-04-1905-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 26, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 02-26-04, therefore the following date(s) of service are not timely: 02-20-03 through 02-25-03

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, ultrasound, myofascial release, hot/cold pack therapy, FCE, and work hardening program were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 02-26-03 to 06-13-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

May 13, 2004

REVISED REPORT
Corrected date of injury in "Clinical History"

MDR #: M5-04-1905-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's.

Designated doctor exam 05/23/03

Letter of medical necessity 01/29/04; MDR Request 02/25/04

Initial exam, initial, interim and final FCE's, case management notes.

H&P and clinical notes – 2003 and 2002

WC/WH daily notes

MRI left shoulder 01/29/03, MRI cervical spine 12/27/02, right ankle 12/07/02,

CT head 12/07/02, cervical spine & MRI brain 11/29/02,

Clinical History:

Patient received extensive physical medicine treatments after sustaining a neck injury in a work-related accident on ____.

Disputed Services:

Therapeutic exercises, ultrasound, myofascial release, hot/cold pack therapy, FCE, and work hardening program during the period of 02/26/03 through 06/13/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

Although the patient's initial examination on 11/29/02 and follow-up examination on 12/16/02 revealed near normal cervical ranges of motion and all diagnostic imaging studies were essentially normal, it is nevertheless reasonable to conclude that 8 weeks of treatment would be medically necessary based solely on the patient's history and subjective symptoms. However, the medical records fail to document the medical necessity for any care beyond that initial 8-week time period. That position is documented by a designated doctor who opined on 05/23/03 – 4 days before the extensive work hardening program began – that the patient had reached MMI with 0% impairment.

Sincerely,